

## POLITICAL ACTION COMMITTEE OR LEGISLATIVE CAUCUS COMMITTEE STATEMENT OF ORGANIZATION

State Form 28251 (R9/9-09) Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

## PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

	FILE NUMBER
1. IS THIS AN AMENDMENT?   No Yes If Yes, please enter the file nu	
SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.	
2. Full Name of Committee (Do not abbreviate) Check if this is a new name	3. Acronym or Abbrevlated Name (if any)
UANNE TOUNSHIP (EAM Y 4. Mailing Address (Address where all campaign finance correspondence is received) ☐ Check if this is a	new address   5. E-mail Address (Optional)
4. Mailing Address (Address where all campaign finance correspondence is received) Check if this is a	ELFRAZIER@Concast.com
6. City State ZIP Code 7. FAX (Optional)	8. Telephone 9. Committee Organization Date
SPEEDWAY IN 46224 (-) - (317) 243-0101 06-08-2010	
10. Is this committee registered with the Federal Election Commission? Yes No 11. Is this committee a "Legislative Caucus Committee" under IC 3-5-2-27.3? Yes No	
12. State the purpose of the committee and on which issues the committee expects to focus. THE PURPOSE OF THE WITTPAC SHALL BE TO ADVANCE FRE RETUATE THE PRINCIPLES OF THE WITTPAC	
THALL BE TO MINTON EATER NET TO A TELESCOPE TO A TE	
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual. Check party affiliated to the company of the control of the	es supporting a political party's entire ticket?   Yes   Republican  Republican
Check party arrival	ion il applicable. 🔲 Democratic 🔛 Cibertarian 💢 riepublican
15. If supporting or opposing a public question, state both the subject of the question ANI	) the committee position.
16. Chairperson's Name	17, E-mail Address (Optional)
DENNIS PAPENMEIER	dgp1204@GMA1C, com
18. Mailing Address	19. Telephone (Day) 20. Telephone (Evening)
1238 N. TIBBS AVENUE 4622Z	317 64-2881 SAME
21. Treasurer's Name	22. E-mail Address (Optional)
EDWARD FRAZIER	ELFRAZIER @COMCAST NET
23. Mailing Address Check if this is a new address	24. Telephone (Day) 25. Telephone (Evening)
SCOT W 14 TH STREET 46224	(317, 243-0167 317, 243-0107
26. Custodian of Records' Name ☐ Check if this is a new custodian EDWARD FRAZIER	27. E-mail Address (Optional) EL FRAZIERE COMCAST. NET
28. Mailing Address	29. Telephone (Day) 30. Telephone (Evening)
5007W IATH STREET AGZZA	(317)243-0167 (317)243-0167
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposit	
5TH_3RD BANK	
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)	
32. I, as Chairperson of the foregoing committee, Person Appointed Treasurer	Signature of the Committee Chairperson
appoint the following person as Treasurer of the EDWARD FRAZ	LIER Idal of time
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)	
33. I give notice that I accept the duties and responsibilities of Treasurer of this Con	nmittee. FOR OFFICE USE ONLY
I am not the chairperson of any other campaign finance committee.  34. Typed or Printed Name of Treasurer Signature of Treasurer	Date (MM-DD-YY)
EDWARD FRAZIER XZLD Fri	04-12-11
SECTION D. CERTIFICATION OF STATEMENT	eliabeth of white
I certify that I am the duly appointed Chairperson of the Committee and have examine To the best of my knowledge and belief it is true, correct and complete.  35. Typed or Printed Name of Chairperson Signature of Chairperson	Date (MM-DD-YY)  Date (MM-DD-YY)  APR 1 3 2011
Warning: Any information contained in this statement may not be copied for sale or used for any commercial	4/13/11 purpose ///C 3-9-45) State law FILED
requires that any chance in this information must be reported within 10 days of the charge. (IC 3-9-1-10) A person who knowingly files a fraudulent	
report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as req	